

**PURCHASE ORDER  
ACCOUNTS PAYABLE VOUCHER**

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Deliver To \_\_\_\_\_

Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity   | Description | Unit | Price | Total |
|--|-------------|------|-------|-------|
| <div style="transform: rotate(-30deg); font-size: 100px; opacity: 0.3;">SAMPLE</div> |             |      |       |       |
| Total This Order   |             |      |       |       |

Signed: \_\_\_\_\_

Person Authorized to Purchase

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

**PURCHASE ORDER  
ACCOUNTS PAYABLE VOUCHER**  
(Receiving Copy)

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Deliver To \_\_\_\_\_

Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity   | Description | Unit | Price | Total |
|--|-------------|------|-------|-------|
| <div style="transform: rotate(-30deg); font-size: 100px; opacity: 0.3;">SAMPLE</div> |             |      |       |       |
| Total This Order   |             |      |       |       |

Signed: \_\_\_\_\_  
Person Authorized to Purchase

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_.

Date: \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature

**PURCHASE ORDER  
ACCOUNTS PAYABLE VOUCHER**  
(File Copy)

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Deliver To \_\_\_\_\_

Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity   | Description | Unit | Price | Total |
|--|-------------|------|-------|-------|
| <div style="transform: rotate(-30deg); font-size: 100px; opacity: 0.3;">SAMPLE</div> |             |      |       |       |
| Total This Order   |             |      |       |       |

Signed: \_\_\_\_\_  
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_.

Date: \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

| HRS<br>WORKED | GROSS<br>PAY | FEDERAL<br>WITH. TAX | SOCIAL<br>SECURITY | STATE<br>WITH. TAX | INSURANCE |  |  |  | PERIOD<br>ENDING | EMPLOYEE<br>DETACH<br>BEFORE<br>CASHING |
|---------------|--------------|----------------------|--------------------|--------------------|-----------|--|--|--|------------------|---|
|               |              |                      |                    |                    |           |  |  |  |                  |   |

PREScribed BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT  
\_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_

No. \_\_\_\_\_

Fund \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 P.O. No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

Payable at (Bank) \_\_\_\_\_ Dollars

\_\_\_\_\_  
 Superintendent or Principal Treasurer

SPACE FOR M.I.C.R.

ORIGINAL

| HRS<br>WORKED | GROSS<br>PAY | FEDERAL<br>WITH. TAX | SOCIAL<br>SECURITY | STATE<br>WITH. TAX | INSURANCE |  |  |  | PERIOD<br>ENDING | EMPLOYEE<br>DETACH<br>BEFORE<br>CASHING |
|---------------|--------------|----------------------|--------------------|--------------------|-----------|--|--|--|------------------|---|
|               |              |                      |                    |                    |           |  |  |  |                  |   |

PREScribed BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT  
\_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_

No. \_\_\_\_\_

Fund \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 P.O. No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

Payable at (Bank) \_\_\_\_\_ Dollars

\_\_\_\_\_  
 NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

**RECEIPT  
SCHOOL EXTRA-CURRICULAR ACCOUNT**

\_\_\_\_\_ SCHOOL

No. \_\_\_\_\_

\_\_\_\_\_, IN \_\_\_\_\_, \_\_\_\_\_

| Payment Type and Amount |                       |              |                                     |               |       |
|-------------------------|-----------------------|--------------|-------------------------------------|---------------|-------|
| Cash<br>Amount          | Check/Draft<br>Amount | MO<br>Amount | Credit Card/<br>Bank Card<br>Amount | EFT<br>Amount | Other |
|                         |                       |              |                                     |               |       |

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_

THE SUM OF \_\_\_\_\_ DOLLARS

FOR DEPOSIT TO THE CREDIT OF \_\_\_\_\_ FUND

SOURCE \_\_\_\_\_ (Activity)

\_\_\_\_\_  
TREASURER

**ORIGINAL**

**RECEIPT  
SCHOOL EXTRA-CURRICULAR ACCOUNT**

\_\_\_\_\_ SCHOOL

No. \_\_\_\_\_

\_\_\_\_\_, IN \_\_\_\_\_, \_\_\_\_\_

| Payment Type and Amount |                       |              |                                     |               |       |
|-------------------------|-----------------------|--------------|-------------------------------------|---------------|-------|
| Cash<br>Amount          | Check/Draft<br>Amount | MO<br>Amount | Credit Card/<br>Bank Card<br>Amount | EFT<br>Amount | Other |
|                         |                       |              |                                     |               |       |

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_

THE SUM OF \_\_\_\_\_ DOLLARS

FOR DEPOSIT TO THE CREDIT OF \_\_\_\_\_ FUND

SOURCE \_\_\_\_\_ (Activity)

\_\_\_\_\_  
TREASURER

**DUPLICATE**

## TICKET SALES

SCHOOL \_\_\_\_\_  
 GAME \_\_\_\_\_  
 OTHER \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_  
DATE \_\_\_\_\_  
ACTIVITY \_\_\_\_\_

| TICKETS |            |      |            |      |                 | PRICE | TOTAL<br>AMOUNT<br>SALES |  |
|---------|------------|------|------------|------|-----------------|-------|--------------------------|--|
| KIND    | ISSUED     |      | RETURNED   |      | TICKETS<br>SOLD |       |                          |  |
|         | SERIAL NO. | AMT. | SERIAL NO. | AMT. |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
| TOTAL   |            |      |            |      |                 |       |                          |  |

Made by \_\_\_\_\_  
(Title)

Verified and Approved by \_\_\_\_\_  
(Official or Sponsor)

ORIGINAL

## TICKET SALES

SCHOOL \_\_\_\_\_  
 GAME \_\_\_\_\_  
 OTHER \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_  
DATE \_\_\_\_\_  
ACTIVITY \_\_\_\_\_

| TICKETS |            |      |            |      |                 | PRICE | TOTAL<br>AMOUNT<br>SALES |  |
|---------|------------|------|------------|------|-----------------|-------|--------------------------|--|
| KIND    | ISSUED     |      | RETURNED   |      | TICKETS<br>SOLD |       |                          |  |
|         | SERIAL NO. | AMT. | SERIAL NO. | AMT. |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
|         |            |      |            |      |                 |       |                          |  |
| TOTAL   |            |      |            |      |                 |       |                          |  |

Made by \_\_\_\_\_  
(Title)

Verified and Approved by \_\_\_\_\_  
(Official or Sponsor)

DUPLICATE

FINANCIAL REPORT  
SCHOOL EXTRA-CURRICULAR ACCOUNT

School \_\_\_\_\_

SCHEDULE OF BALANCES  
RECEIPTS AND EXPENDITURES OF  
SCHOOL EXTRA-CURRICULAR ACCOUNT

From \_\_\_\_\_, \_\_\_\_\_

To \_\_\_\_\_, \_\_\_\_\_

| NAME OF FUND    | BALANCE<br>BEGINNING<br>OF PERIOD |  | RECEIPTS<br>DURING<br>PERIOD |  | EXPENDITURES |  | BALANCE<br>END OF<br>PERIOD |  |
|-----------------|-----------------------------------|--|------------------------------|--|--------------|--|-----------------------------|--|
|                 | 1                                 |  | 2                            |  | 3            |  | 4                           |  |
|                 | \$                                |  | \$                           |  | \$           |  | \$                          |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
|                 |                                   |  |                              |  |              |  |                             |  |
| TOTAL ALL FUNDS | \$                                |  | \$                           |  | \$           |  | \$                          |  |

## CASH RECONCILEMENT

|                                      |          |  |
|--------------------------------------|----------|--|
| NAME OF BANK                         | LOCATION |  |
| DEPOSITORY BALANCE                   | \$       |  |
| CASH ON HAND (ADD)                   |          |  |
| TOTAL CASH ON HAND AND IN DEPOSITORY | \$       |  |
| TOTAL OF OUTSTANDING CHECKS (DEDUCT) |          |  |
| BALANCE                              | \$       |  |

## OUTSTANDING CHECKS

\_\_\_\_\_, \_\_\_\_

| DATE            | NUMBER | AMOUNT | DATE            | NUMBER | AMOUNT |
|-----------------|--------|--------|-----------------|--------|--------|
|                 |        | \$     | BROUGHT FORWARD |        | \$     |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
|                 |        |        |                 |        |        |
| CARRIED FORWARD |        | \$     | TOTAL           |        | \$     |



DETAIL OF RECEIPTS AND EXPENDITURES  
BY FUNDS

\_\_\_\_\_ FUND  
RECEIPTS

| SOURCE OF RECEIPTS | NATURE OF RECEIPTS | AMOUNT |
|--------------------|--------------------|--------|
|                    |                    | \$     |
|                    |                    |        |
|                    |                    |        |
|                    |                    |        |
|                    |                    |        |
|                    |                    |        |
|                    |                    |        |
|                    |                    |        |
| TOTAL RECEIPTS     |                    | \$     |

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

| PURPOSE OF EXPENDITURE | AMOUNT |
|------------------------|--------|
|                        | \$     |
|                        |        |
|                        |        |
|                        |        |
|                        |        |
|                        |        |
|                        |        |
|                        |        |
| TOTAL EXPENDITURES     | \$     |

The bank in which all moneys of this account are deposited is:

Name of Bank

Location of Bank

Date school officially closed \_\_\_\_\_, \_\_\_\_\_

## BOND OF SCHOOL TREASURER

Name of Surety \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_

Date of Expiration 11/1/2011

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

I, \_\_\_\_\_, Treasurer, \_\_\_\_\_,  
Principal, of the \_\_\_\_\_ School  
Extra-Curricular Account, hereby certify that the foregoing report of the said  
account is true and correct to the best of my knowledge and belief. I further  
certify that copies of this report have been filed with the officers  
designated by law to receive copies of said report.

Treasurer

Principal

COPIES TO BE FILED AS FOLLOWS:

[illegible]

School Corporation:      1 copy to Board of School Trustees or Board  
                                      of School Commissioners

1 copy to Superintendent of Schools



**CLAIM FOR PAYMENT**

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT****PAID BY CHECK:**

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_  
Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Delivered To \_\_\_\_\_

Invoice Handed To \_\_\_\_\_

**TO THE DISBURSING OFFICER:**

The following expense is proposed, payable from the \_\_\_\_\_ Fund

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity         | Description | Unit | Price | Total |
|------------------|-------------|------|-------|-------|
| SAMPLE           |             |      |       |       |
| Total This Order |             |      |       | \$    |

Approved for Payment \_\_\_\_\_  
Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_.

Date \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

\_\_\_\_\_, \_\_\_\_\_  
Date Name of School or School Corporation

[illegible]

**OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST**

\_\_\_\_\_, SCHOOL, \_\_\_\_\_, INDIANA

Receipt \_\_\_\_\_ 0001 \_\_\_\_\_

\_\_\_\_\_  
Date\_\_\_\_\_  
Name of Student\_\_\_\_\_  
Grade

| Payment Type and Amount |                       |              |                                     |               |       |
|-------------------------|-----------------------|--------------|-------------------------------------|---------------|-------|
| Cash<br>Amount          | Check/Draft<br>Amount | MO<br>Amount | Credit Card/<br>Bank Card<br>Amount | EFT<br>Amount | Other |
|                         |                       |              |                                     |               |       |

| Quantity       | Description - Name - Series - Code | Unit Price | Total<br>Rental Fee | For Use of Issuing Officer |
|----------------|------------------------------------|------------|---------------------|----------------------------|
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
|                |                                    |            |                     |                            |
| Total Received |                                    | \$         | \$                  |                            |

**NOTE TO STUDENTS AND PARENTS:**

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

\_\_\_\_\_  
Issuing Officer

SF - 1

School \_\_\_\_\_

SCHOOL FOOD SERVICE  
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date \_\_\_\_\_

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

## School

[illegible]



SF-2A

SCHOOL FOOD SERVICE  
DAILY RECORD OF MEALS/MILK SERVED

School \_\_\_\_\_

| LINE<br>No | Date<br>____ | NSLP                                  |      |       |       |                        |                        |                        | AFTER SCHOOL SUP.                     |      |       |       |                        |                        |                       | SBP                                   |      |       |       |                        |                        |                       | Kindergarten<br>Special Milk |      |       | LINE<br>No |  |    |
|------------|--------------|---------------------------------------|------|-------|-------|------------------------|------------------------|------------------------|---------------------------------------|------|-------|-------|------------------------|------------------------|-----------------------|---------------------------------------|------|-------|-------|------------------------|------------------------|-----------------------|------------------------------|------|-------|------------|--|----|
|            |              | Number of Meals Served<br>to Students |      |       |       | Paid<br>Adult<br>Meals | SF-1<br>Other<br>Meals | Total<br>NSLP<br>Meals | Number of Meals Served<br>To Students |      |       |       | Adult<br>Paid<br>Meals | SF-1<br>Other<br>Meals | Total<br>SUP<br>Meals | Number of Meals Served<br>To Students |      |       |       | Adult<br>Paid<br>Meals | SF-1<br>Other<br>Meals | Total<br>SBP<br>Meals | Kindergarten<br>Special Milk |      |       |            |  |    |
|            |              | Paid                                  | Free | Redu. | Total |                        |                        |                        | Paid                                  | Free | Redu. | Total |                        |                        |                       | Paid                                  | Free | Redu. | Total |                        |                        |                       | Paid                         | Free | Total |            |  |    |
| 1          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 1  |
| 2          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 2  |
| 3          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 3  |
| 4          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 4  |
| 5          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 5  |
| 6          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 6  |
| 7          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 7  |
| 8          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 8  |
| 9          |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 9  |
| 10         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 10 |
| 11         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 11 |
| 12         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 12 |
| 13         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 13 |
| 14         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 14 |
| 15         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 15 |
| 16         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 16 |
| 17         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 17 |
| 18         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 18 |
| 19         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 19 |
| 20         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 20 |
| 21         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 21 |
| 22         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 22 |
| 23         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 23 |
| 24         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 24 |
| 25         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 25 |
| 26         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 26 |
| 27         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 27 |
| 28         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 28 |
| 29         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 29 |
| 30         |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 30 |
| TOTALS     |              |                                       |      |       |       |                        |                        |                        |                                       |      |       |       |                        |                        |                       |                                       |      |       |       |                        |                        |                       |                              |      |       |            |  | 31 |

Date \_\_\_\_\_ Signature \_\_\_\_\_

## School

[illegible]

School \_\_\_\_\_

[illegible]

SF-5

# SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School \_\_\_\_\_

School Year \_\_\_\_\_

[illegible]

## SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL \_\_\_\_\_

Date \_\_\_\_\_

[illegible]



# RECEIPT REGISTER

[illegible]